

ATTACHMENT A
SAMPLE "ALLOCATION NOTICE"

Date _____

Local Authority Contact Person _____
Local Authority _____
Street Address _____
Suite or Office # _____
City, State, and Zip _____

**APPROVAL OF AREA PLAN AND
NOTICE OF MAXIMUM REIMBURSEMENT ALLOCATION
FOR STATE FISCAL YEAR _____**

Dear _____:

Pursuant to the terms of Contract # _____ between the Utah Department of Human Services, Division of Substance Abuse and Mental Health (hereinafter referred to as DHS/DSAMH) and (insert name of Local Authority as it appears on the original contract) (hereinafter referred to as "Local Authority"), the Local Authority is hereby notified that its Area Plan for the above-identified fiscal year has been approved by DHS/DSAMH. The Local Authority is further notified that the amount of reimbursement allocated to it for the stated fiscal year is \$_____. This amount was determined in accordance with the requirements of Utah Code § 62A-15-108 and current Board policy. It is the maximum amount DHS/DSAMH will reimburse the Local Authority for services provided during the fiscal year. Any portion of the allocation not encumbered by the Local Authority as of June 30th, the end of the fiscal year, shall lapse and the Local Authority shall have no further claim to the same.

The contract between DHS/DSAMH and the Local Authority requires the Local Authority to submit monthly billings to DHS/DSAMH for services rendered. It further requires the Local Authority to submit all final billings for services provided during the fiscal year no later than July 20, 200_.
Payment of billings submitted later than July 20th may be delayed or denied by DHS/DSAMH.

The funding sources for the Local Authority's reimbursement allocation for the fiscal year are reflected in Table #1 below.

Table #1

CFDA OR STATE COMPLIANCE #	FEDERAL OR STATE (ORIGINAL) FUNDING SOURCE	ESTIMATED PERCENTAGE OR AMOUNT
TOTAL		

